PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT

CONVEYING PARTY DATA

Name	Execution Date
Chris M. Jamison	11/14/2011
H. Ray Wright	01/12/2012
Antonio Belton	12/13/2011
Dominik J. Beck	11/18/2011

RECEIVING PARTY DATA

Name:	Reliance Medical Products, Inc.
Street Address:	3535 Kings Mills Road
City:	Mason
State/Country:	ОНЮ
Postal Code:	45040

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	29404346

CORRESPONDENCE DATA

 Fax Number:
 (513)241-6234

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 513-241-2324

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via US Mail.

Correspondent Name: Wood, Herron & Evans, L.L.P.

Address Line 1: 441 Vine St, Suite 2700

Address Line 4: Cincinnati, OHIO 45202

ATTORNEY DOCKET NUMBER: RMP-96DES

NAME OF SUBMITTER: Kevin G. Rooney

Total Attachments: 6

PATENT REEL: 027569 FRAME: 0911 OP \$40.00 29404346

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> PATENT REEL: 027569 FRAME: 0912

Attorney Docket No. RMP-96DES

ASSIGNMENT OF INVENTION AND PATENTS THEREON

WHEREAS, I (we), Chris M. Jamison, H. Ray Wright, Antonio Belton and Dominik J. Beck have invented a new and original design for an EXAMINATION CHAIR, A PORTION OF AN EXAMINATION CHAIR, AND A SIDE PROFILE OF A PORTION OF AN EXAMINATION CHAIR as fully disclosed in an application for Design Letters Patent so entitled filed by me (us) on October 19, 2011, as Serial No. 29/404,346 preparatory to obtaining Design Letters Patent of the United States therefor.

WHEREAS, **RELIANCE MEDICAL PRODUCTS**, **INC.** a corporation organized under the laws of the State of Delaware and having its principal office at 3535 Kings Mills Road, Mason, Ohio 45040, desires to acquire the entire interest in and to the subject matter disclosed in said application and in and to all patents issued or to be issued thereon.

NOW, THEREFORE, to all whom it may concern, be it known that, for and in consideration of the sum of One Dollar to me (each of us) in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, I (we) have sold, assigned and transferred, and by these presents do sell, assign and transfer unto the said **RELIANCE MEDICAL PRODUCTS, INC.** my (our) entire right, title and interest in and to the subject matter disclosed in said application and in and to all Letters Patent Domestic and Foreign issued or to be obtained thereon, including all rights and interests with priority rights under the Paris Convention for the Protection of Industrial Property, the International Patent Cooperative Union, European Patent Convention, Common Market Convention, or any other Convention or Union for each country of said Convention or Union; and I (we) do hereby authorize and request the Commissioner of Patents to issue the Design Letters Patent granted on said application and all future patents granted upon the subject matter disclosed therein to the above-named Assignee, its legal representatives and assigns.

1 of 5

Assignment of Invention and Patents Thereon

Title: Examination Chair, A Portion of an Examination Chair, and a Side Profile of a Portion of an

Examination Chair

Full Name of First			
or Sole Inventor:	Jamison	Chris	M.
	Last Name	First Name	Middle Name
	Jour Al		11/14/11
-	Signature		Date
Post Office			
Address:	6213 Marcus Court	West Chester, Ohio	45069
	Post Office Address	City, State or County	Zip Code

STATE OF <u>OHIO</u>) SS COUNTY OF <u>WAHEN</u>)

> Me fira L. Kesslart Notary Public

(SEAL)

DEBRA L. KEPHART Notary Public, State of Ohio My Commission Expires Nov. 4, 2012

Full Name of			
Second Inventor:	Wright	Н.	Ray
	Last Name	First Name	Middle Name
41 They W	A Signature		Date Date
Post Office			
Address:	6412 Keota Lane	Loudon, Tennessee	37774
	Post Office Address	City, State or County	Zip Code
STATE OF	_) _)		
COUNTY OF LIVINI	<u>1</u>)	10	
On this 12	day of \\ \mathcal{D} \mathcal{D}	2014 hefore me nersons	ally appeared <u>H. Ray Wright</u>
to me known and known	own by me to be the abo ument to be a voluntary	ove-named individual who act and deed and who ex	acknowledged the signing
The state of the s	STATE OF	Notary Public	Brold
(SEAL)	NNESSEE * E	Mu COmmission	Mn 8101.27,2015

Full Name of
Third Inventor: Belton Antonio
Last Name First Name Middle Name

Post Office

Address: 4808 Meadow Lake Drive Richton Park, Illinois 60471

Post Office Address City, State or County Zip Code

STATE OF <u>ICOOK</u>) SS COUNTY OF <u>COOK</u>

On this 13th day of 12th day of 2011 before me personally appeared 12th day of the me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

OFFICIAL SEAL TERRY WALKER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRED STATE 12

Notary Public

(SEAL)

Full Name of	Deale		
Fourth Inventor:	Beck Last Name	Dominik First Name	<u>J.</u> Middle Name
	Last Name	i iist ivaille	Middle Name
	V. And	"/	118/2011
	Signature		Date
Post Office	1932 Conta Cruz Avenue	Marila Davis California	0.4005
Address:	1833 Santa Cruz Avenue Post Office Address	Menlo Park, California City, State or County	
	1 03t Office Address	City, State of County	Zip Code
STATE OF)) SS		
COUNTY OF) 33		
	/		
Beck to me knowr signing of the fore	day of, and known by me to be the going instrument to be a volumposes therein specified:	e aboye-named individu	al who acknowledged the
ior the ases and p	diposes therein specified.		, /
		Del as	Hacked
	/	Notary Public	

(SEAL)

5 of 5

State of California		
County of ONNTA Charac		
11 16 11	11300 Bruss Natony Public	
On before me,	Here Insert Name and Title of the Officer	
personally appeared Dominik	J. Deck	
	Name(s) of Signer(s)	
SUSAN L. BRUCE Commission # 1947257 Notary Public - California	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing	
Santa Clara County	paragraph is true and correct.	
My Comm. Expires Aug 7, 2015	WITNESS my hand and official seal.	
	I (IB	
	Signature: Suls and Trull	
Place Notary Seal Above OP	TIONAL Signature of Notary Public	
Though the information below is not required by	ly law, it may prove valuable to persons relying on the document al and reattachment of this form to another document.	
Description of Attached Document		
Title or Type of Document: 43519 NM en	nt of Invention and Patents There	
10-18-11		
Document Date: // / / / / / / / / / / / / / / / / /	Number of Pages: 💆	
Signer(s) Other Than Named Above:	Number of Pages:	
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Signer(s) Other Than Named Above:		
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s):	Signer's Name: □ Corporate Officer — Title(s):	
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Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s):	Signer's Name: Signer's Name: Title(s): Individual	
Signer(s) Other Than Named Above:	Signer's Name: Corporate Officer — Title(s): Individual Partner — Limited General Attorney in Fact	
Signer(s) Other Than Named Above:	Signer's Name: Corporate Officer — Title(s): Individual	
Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): Individual Partner — Limited General Attorney in Fact Trustee Guardian or Conservator	Signer's Name: Corporate Officer — Title(s): Individual Partner — Limited General Attorney in Fact Trustee Guardian or Conservator	
Signer(s) Other Than Named Above:	Signer's Name: Corporate Officer — Title(s): Individual General	

PATENT REEL: 027569 FRAME: 0918